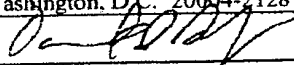


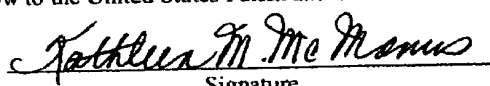
RECEIVED
CENTRAL FAX CENTER

FEB 22 2005

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/051,297
		Filing Date	01/22/2002
		First Named Inventor	Heinz WALTER et al.
		Group Art Unit	2857
		Examiner Name	Jeffrey R. West
Total Number of Pages in This Submission	6	Attorney Docket Number	740116-358

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Replacement Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	February 22, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306	
February 22, 2005 Date	 Signature Kathleen M. McManus Typed or printed name

BEST AVAILABLE COPY

W342728.1

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$830.00)

Complete if Known

Application Number 10/051,297
Filing Date 01-22-2002
First Named Inventor Heinz WALTER et al.
Examiner Name Jeffrey R. West
An Unit 2857
Attorney Docket No. 740116-358

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 19-2380(740116-358)

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
17	-20** = 0	X 0 = 0	
Independent Claims	2	-3** = 0	X 0 = 0
Multiple Dependent		X 0 = 0	

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive - unavoidable
1453	1,500	2453	750	Petition to revive - unintentional
1501	1,400	2501	700	Utility issue fee (or reissue)
1502	800	2502	400	Design issue fee
1503	1,100	2503	550	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$830.00)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

☒ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306

February 22, 2005

Date

Kathleen M. McManus

Signature

Kathleen M. McManus

Typed or printed name

SUBMITTED BY

Name (Print/Type)

David S. Safran

Signature

David S. Safran

Registration No. (Attorney/Agent)

27,997

Complete (if applicable)

Telephone

(703) 827-8094

Date

February 22, 2005

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


W631896.1

BEST AVAILABLE COPY

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 740116-358							
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-9306 on <u>February 22, 2005</u> . Signature: <u>Kathleen M. McManus</u> Name: <u>Kathleen M. McManus</u>		In re Application of Heinz WALTER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 10/051,297</td> <td style="padding: 2px;">Filed 01/22/2002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For ELECTRICAL TRANSDUCER</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2857</td> <td style="padding: 2px;">Examiner Jeffrey R. West</td> </tr> </table>		Application Number 10/051,297	Filed 01/22/2002	For ELECTRICAL TRANSDUCER		Group Art Unit 2857	Examiner Jeffrey R. West
Application Number 10/051,297	Filed 01/22/2002								
For ELECTRICAL TRANSDUCER									
Group Art Unit 2857	Examiner Jeffrey R. West								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$500.00 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380(740116-358). I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(h) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 45%;"> <u>David S. Safran</u> Signature <u>David S. Safran</u> Typed or printed name </div> <div style="width: 45%; text-align: right;"> <u>February 22, 2005</u> Date </div> </div>									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input type="checkbox"/> *Total of _____ forms are submitted.									

BEST AVAILABLE COPY

W637534.1

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 740116-358							
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-872-9306, on <u>February 22, 2005</u> . Signature: <u>Kathleen M. McManus</u> Name: <u>Kathleen M. McManus</u>		In re Application of Heinz WALTER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 10/051,297</td> <td style="padding: 2px;">Filed 01/22/2002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For ELECTRICAL TRANSDUCER</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2857</td> <td style="padding: 2px;">Examiner Jeffrey R. West</td> </tr> </table>		Application Number 10/051,297	Filed 01/22/2002	For ELECTRICAL TRANSDUCER		Group Art Unit 2857	Examiner Jeffrey R. West
Application Number 10/051,297	Filed 01/22/2002								
For ELECTRICAL TRANSDUCER									
Group Art Unit 2857	Examiner Jeffrey R. West								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$500.00 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380(740116-358). I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		<div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>David S. Safran</u> Typed or printed name </div> <div style="text-align: center;"> February 22, 2005 Date </div>							
<input type="checkbox"/> *Total of _____ forms are submitted.									

W637534.1

BEST AVAILABLE COPY